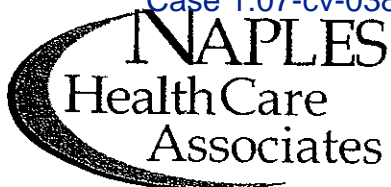


**EXHIBIT 7**



*Personalized Physician Care*

November 14, 2007

Ms. Jane Halbritter  
8231 Bay Colony Dr.  
Naples, FL 34108

Re: Patient Advantage Program  
Enrollment Date: 1/25/2007  
Renewal Date: 1/25/2008  
Renewal Cost: \$5,000

Dear Ms. Halbritter:

Thank you for participating in our Concierge Medicine Program. We hope that we have been able to fulfill your expectations in respect to quality, service and convenience.

Our goal continues to be to provide the highest level of service possible to our Members and we look forward to continuing to meet your needs this coming year. For your convenience, I have attached a renewal form, which you should complete and forward it in the self-addressed stamped envelope.

Thank you for your cooperation. If you have any questions, please feel free to call me at 239-596-8899.

Sincerely,

A handwritten signature in cursive script, reading "Cathy R. Stroutsos".

Cathy R. Stroutsos  
Director of Membership Services

Gulf Coast Medical Arts Center  
1890 Southwest Health Parkway Suite 203 • Naples, Florida 34109  
Tel: 239-596-1111 • Fax: 239-596-1659

Jon Craven  
212-5710555

